*Connecting Patients to a Greater State of Health*

# Health IT in New Jersey
# Moving Ahead in 2011+
## View from Coordinator's Office

**Colleen Woods**
**Health IT Coordinator**
**State of New Jersey**

**June 1, 2011**

# View from Coordinator's Office

## HITECH Goals

- Improving quality of patient care
- Saving/containing healthcare costs
- Stimulate Workforce

## Moving Ahead

- Preparing Physicians, Health IT Workforce, and Hospitals
- New Jersey Health IT/HIE Programs
- Work of the Subcommittees
- Looking Ahead

# First Eligible Professional In New Jersey

- Douglas Ashinsky, MD
  Warren Internal Medicine
- First doctor in NJ to attest to meaningful use of Electronic Health Records.
- 1,462[nd] doctor in nation to attest
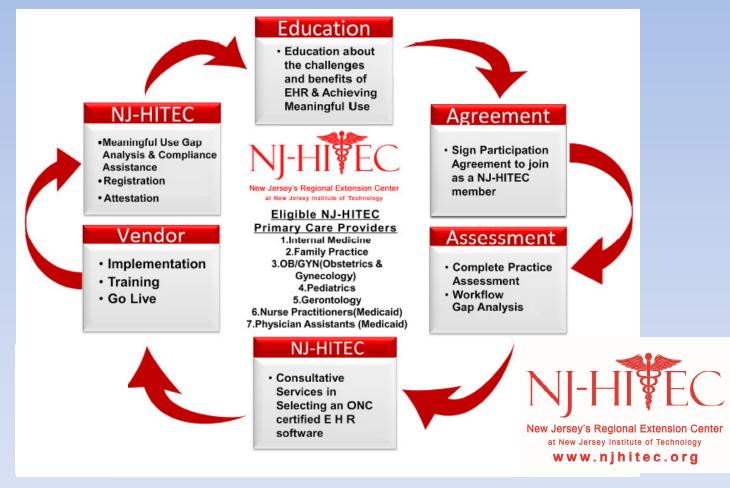- Assisted by NJ-HITEC

# NJ-HITEC: NJ's Regional Extension Center

- Current Members: 1,578
- 530+ to be Officially Entered Soon
- Goals:

  2,500 in 2011

  5,000 by April 2012
- Over 268 Events Across State
- Reached 4,250 Docs

# NJ-HITEC: NJ's Regional Extension Center Core Services to Primary Care Providers

# Community College Consortia

- **_Eight NJ Colleges Educating Health IT Professionals to Support HIT Implementation_**

- **_Karan DiNardo,_** _Bridgewater, NJ_
  - Applied in December 2010 to Raritan Valley Community College (RVCC) EHR Certificate .
  - IT professional with more than 15 years of experience who has an undergraduate degree in Computer Science/Math, and is PMP Certified.
  - Hired by New Jersey Primary Care Association as Clinical Applications Workflow Analyst.

# Community College Consortia

Designed for professionals with an IT or health care background with focus on training students for 6 roles
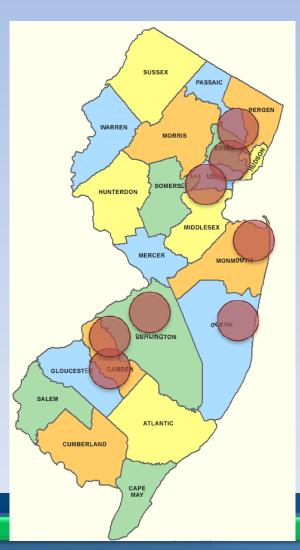
*Mobile Adoption Support Roles*

- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation support specialists
- Implementation managers

*Permanent Staff for Providers and Public Health Sites*

- Technical/software support
- Trainers

# Community College Consortia for HIT Workforce Development in NJ



- [Brookdale Community College](#) Lincroft, NJ
- [Burlington County College](#) Pemberton, NJ
- [Camden County College](#) Blackwood, NJ
- [Essex County College](#)  Newark, NJ
- [Gloucester County College](#) Sewell, NJ
- [Ocean County College](#) Toms River, NJ
- [Passaic County Community College](#) Paterson, NJ
- [Raritan Valley Community College](#) Branchburg, NJ

# NJ Hospitals Registering for EHR Incentive Program

- Nationwide EHR Incentive Program Registration Day Jan 13, 2011

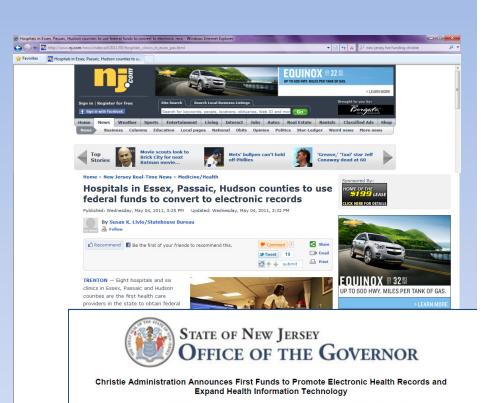# NJ Hospitals Preparing for Meaningful Use

- Hospitals Visited Around the State

# NJ Health IT/HIE Program

# NJ's ONC HIE Funds Release Starts

- Health-e-cITi-NJ receives first release of ONC funds May 4, 2011

# Health Information Exchanges

## Four ONC-funded HIEs

- Health-e-cITi
- Camden
- Jersey Health Connect
- EMRX-SJ
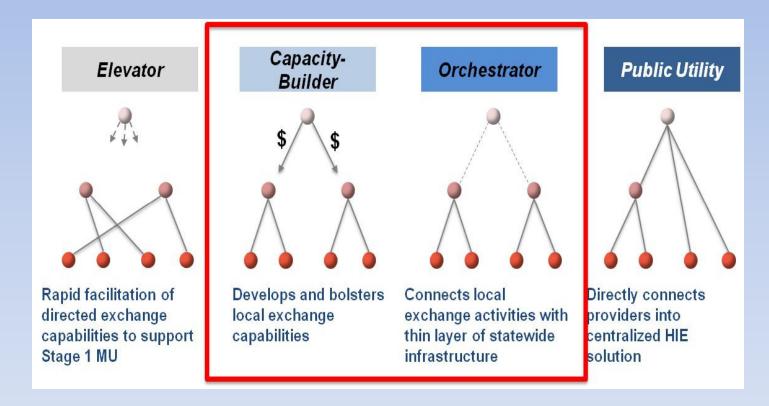
## Other HIEs

- Trenton
- MOHIE

HIE Legend:

| | |
|---|---|
| Health-e-cITi = | 🟦 |
| Camden = | 🟪 |
| Jersey Health Connect = | 🟥 |
| EMRX-South Jersey = | 🟩 |
| Trenton = | ⬜ |
| MOHIE = | 🟨 |

# New Jersey HIE Model: Network of Networks



| Elevator | Capacity-Builder | Orchestrator | Public Utility |
|---|---|---|---|
| Rapid facilitation of directed exchange capabilities to support Stage 1 MU | Develops and bolsters local exchange capabilities | Connects local exchange activities with thin layer of statewide infrastructure | Directly connects providers into centralized HIE solution |

ONC Modeling Positions New Jersey
as Capacity Builder Moving Into Orchestrator

# Building upon the Network of Networks

# HIE Scans for Maturity Model
## April 2011 Statewide Baseline

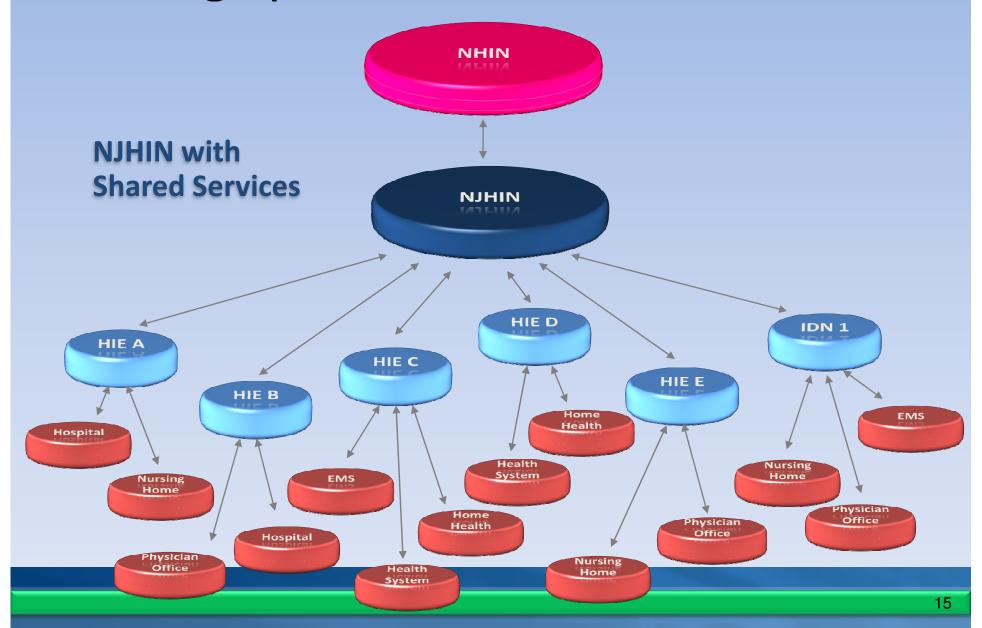| Major Capability Threads | Governance/ Operations | Physician Adoption | Implementation | Information Sharing | Privacy & Security | Financial Sustainability | Communications |
|---|---|---|---|---|---|---|---|
| **Level 0/1 Initial** | Board established and meeting regularly | HIE technology in place and pilot program for data exchange with select physicians established | HIE technology in place and pilot program for data exchange with select providers established | Sharing at least one of the following; ePrescribing, Medication and Care Summaries, Discharge Summaries, Lab results and Radiology reports | Privacy and Security plan in place with focus and attention to the topic. | Financial Sustainability plan in place with focus and attention to the topic. | Communication and Advocacy team being formed; provider and consumer stakeholders identified |
| **Level 2 Managed** | Board and subcommittees formed and meeting regularly; infrastructure in place for financial management and operations | Year 1 physician goals met participating in the HIE | At least 25% of member hospitals participating in data exchange | Sharing at least three of the following; ePrescribing, medication and Care Summaries, Discharge Summaries, Lab results and Radiology reports using at lease one standard transaction type (HL7, CDA, C32) | Privacy and Security plan is being implemented with drafts of specific policies and guidance in place. | Financial Sustainability plan is being implemented with a method to track and evaluate financial sustainability options and grants. | Communication and Advocacy team formed, meeting regularly, and has developed a defined plan to reach stakeholders |
| **Level 3 Defined** | Board and subcommittees meeting regularly, bylaws and articles of incorporation established | Year 2 physician goals met participating in the HIE | Measurement in place for defining usage of the exchange and process for retraining where necessary. At least 50% of member hospitals participating in data exchange | Sharing at least four or more of the following; ePrescribing, Medication and Care Summaries, Discharge Summaries, Lab results and Radiology reports using | Privacy and Security policies and procedures implemented in HIE. Need to have policies in place specifically for data breach within the HIE and if a partner in the HIE has a data breech. | Financial Sustainability plan communicated to potential financers of the HIE to gain commitment for financing model. Starting to track revenues and expenses for the HIE. | Communication and Advocacy team formed, meeting regularly, and has begun to implement the plan including meeting twice a year with end users |
| **Level 4 Predictable** | Board and subcommittees meeting regularly, bylaws established, 501c3 in process/plans, process in place to onboard new members | Year 3 physician goals met participating in the HIE | At least 75% of member hospitals participating in data exchange. Usage measurement demonstrates widespread workflow adoption of the technology. | ePrescribing, Medication and Care Summaries, Discharge Summaries, Lab results and Radiology reports using at lease two standard transaction format (HL7, CDA, C32, LOINC, SNOMED) and is able to share information from state registries as well as HIE to HIE | A completed set of privacy and security policies and procedures implemented in the HIE addressing all issues including, but not limited to, a data breach within the HIE and if a partner in the HIE has a data breech. | Revenue for the HIE is diversified and sustainability is not reliant only on federal or grant funding; having at least 2 months of operating capital on hand at all times. | Communication and Advocacy team formed, meeting regularly, and has begun to implement the plan including meeting twice a year with end users and bi-annual meetings with all stakeholders. |
| **Level 5 Optimizing** | Board and subcommittees meeting regularly, bylaws established, 501c3 approved, process in place to onboard new members, and new members have been brought on. | Year 4 physician goals met participating in the HIE | 100% of member hospitals participating in data exchange. Usage measurement demonstrates complete use of the technology with minimal paper-based processes remaining | Able to implement national interoperability standards (IHE, etc.) to exchange with all aspects and other HIE's, IDNs and providers locally and nationally (through NHIN connect and/or direct). | Monitoring for compliance of policies and procedures implemented and process for addressing misuse or breaches defined | HIE is adding value-based services to increase revenue and further diversity their financiers; having at least 3 months of operating capital on hand at all times. | Communication and Advocacy team formed, meeting regularly, and has begun to implement the plan including meeting twice a year with end users and bi-annual meetings with all stakeholders. Includes working with HIE vendor on consumer outreach |

# NJ HIT Program Focus for 2011+

**Completed**

**2013**

**2012 Q1-Q4**

**2011 Q3 Q4**

**2011 Q1 Q2**

**2011 Q2 Q3**

### Phase 7: Personal and National
- PHR
- Disease Management
- Syndromic Surveillance
- Full EHR Adoption
- Connect NHIN
- Interstate Exchange
- Meaningful Use Phase 3

### Phase 1: Strategy
- Planning
- Funding Request
- Strategic Planning
- Organizational Structure

### Phase 6: Focus on Exchange
- Data Exchange and Analytics
- State HIE
- State Health Registries
- Long term Care Integration
- Behavioral Health Integration
- Meaningful Use Phase 2

### Phase 2: Planning
- Funding
- Governance
- HIE Initial Build
- Policies
- Initial Stakeholder Outreach
- Operational Plan
- State Medicaid HIT Plan

**Consumer and Stakeholder Outreach**

**EHR Adoption**

**Enabling New Jersey Health Information Exchange**

### Phase 5: Implementation
- Medicaid Incentive Payments
- Establishing NJHIN
- Master Patient Index
- HIE Connection
- Research pilots

### Phase 3: Foundation
- Standing Up Regional HIEs
- Architecture & Standards
- Legal Framework
- Quality Measures
- Use Cases for Care Coordination
- PHR Focus

### Phase 4: Framework
- Financial Sustainability
- HIE Trust Framework Agreements
- Implementation of Medicaid Incentive Program AIU and Meaningful Use Phase 1
- NJHIN Planning Direct

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# Phase 3 – 2011 – Q1 Q2 Foundation
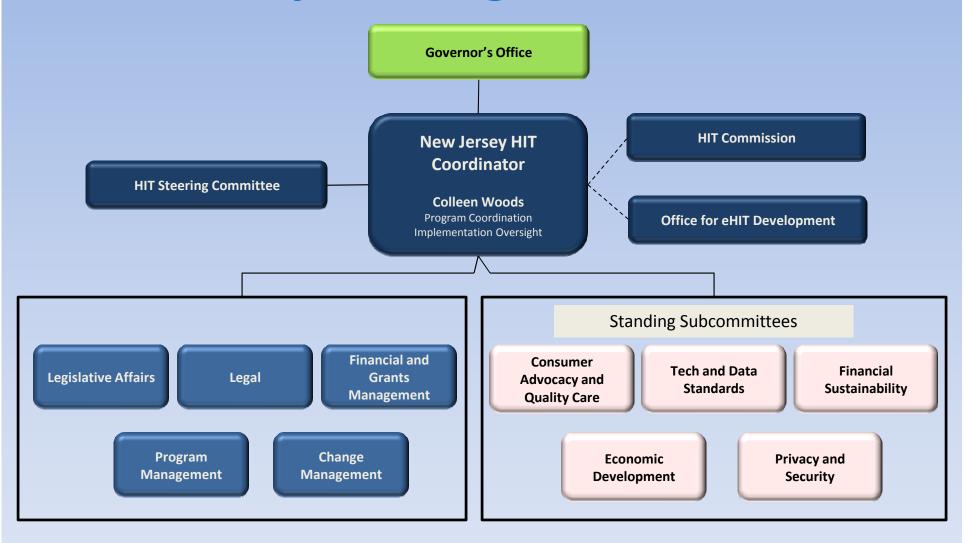
- **Standing Up Regional HIEs**
- Use Cases for Care Coordination
- Architecture & Standards
- Legal Framework
- Quality Measures
- Environmental Scan
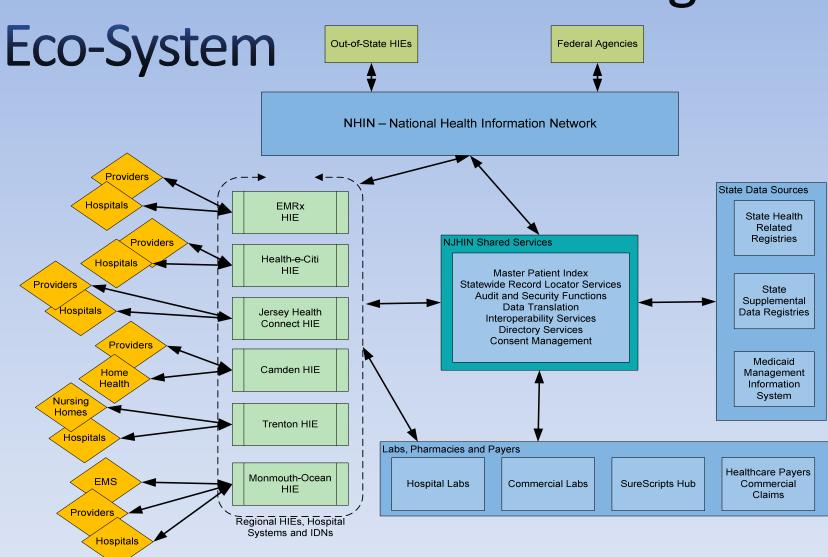
**Communication and Outreach**
Build on ONC National Campaign with
NJ Campaign and NJ-HITEC Outreach Activities

# New Jersey HIT Program Governance

**Governor's Office**

**New Jersey HIT Coordinator**

**Colleen Woods**
Program Coordination
Implementation Oversight

**HIT Steering Committee**

**HIT Commission**

**Office for eHIT Development**

- Legislative Affairs
- Legal
- Financial and Grants Management
- Program Management
- Change Management

**Standing Subcommittees**

- Consumer Advocacy and Quality Care
- Tech and Data Standards
- Financial Sustainability
- Economic Development
- Privacy and Security

# NJ Statewide Health Exchange Eco-System
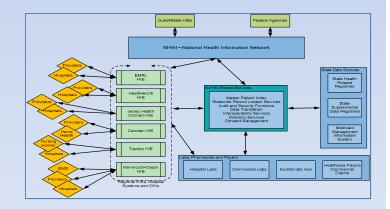
# Work of Subcommittees

# Financial Sustainability

- ## NJHIN
  - Estimated startup & operating costs
- ## Priority Use Case Value Analysis
  - Estimated economic values
  - Identified benefiting stakeholder(s)
- ## Potential Funding Options
  - Value relationships
  - Contributors to sustainability
  - State best practices



NJHIN Shared Services

Master Patient Index
Statewide Record Locator Services
Audit and Security Functions
Data Translation
Interoperability Services
Directory Services
Consent Management

# Financial Sustainability

**Next: Guidance to NJHIN Governance**
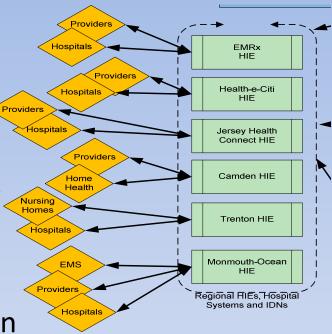
- Minimum threshold guidance
  - Allocate % of costs to participants
    - Payers, Hospitals, Regional HIEs, Qualified Organizations, others
  - Funding flow to support NJHIN

- General guidance related to:
  - Payment agreements
  - Pricing for Hospitals/Regional HIEs/Qualified Organizations
  - Surplus or deficits
  - Expediting cash flows
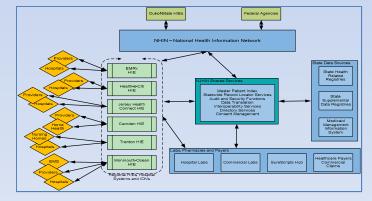
# Technology and Data Standards

- Use Case Development
  - Based on Exchange Between HIEs

- Medication History Use Case
  - Emergency Department
  - Data sources and scenarios analysis
  - Use case requirements documentation

- Cross-Community Patient Discovery (XCPD)
  - HIE Vendors Committed

# Technology and Data Standards
## Use Cases: Based on Meaningful Use

| | Use Case Name |
|-----|-----|
| #1 | Medication History (Emergency Department) |
| #2 | Public Health Data (Immunization Data) |
| #3 | Labs Results Available to All HIE Customers |
| #4 | ED/Acute Discharge Summary |
| #5 | Transition of Care-Referral Information |

# Privacy and Security

- Opt-out Model
- Opt- in / Consent for Sensitive Data
  - HIV/AIDS, Psychotherapy notes

- Privacy and Security Scorecard
  - Detailed review, approved by HIT Commission

- Secondary Use of Data Workshop
  - Reviewed Opportunities and Risks

# Privacy and Security
## What Is Next To Do

- Apply Privacy and Security Framework to Priority Use Cases

  - Medication History—Emergency Dept.

  - Public Health Immunization Data

  - Lab results

  - ED/Acute Discharge Summary

  - Transition of Care-Referral Information

# Consumer Advocacy and Quality Care
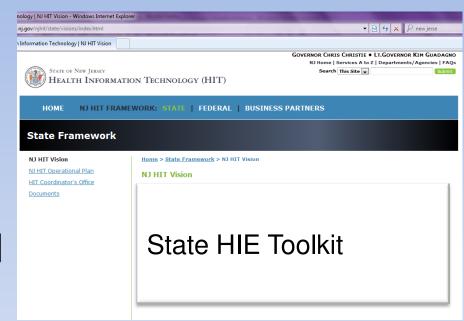
- Quality Dashboard
  - Metrics tied to health exchange transactions and related to quality measures
  - Roadmap to measure NJ HIT Progress
  - 10 Categories
- Consumer Education Plan
  - Tap Healthcare Community to Reach New Jerseyans
  - Messages: "Put consumer in driver's seat"

# Consumer Advocacy and Quality Care

**What Is Next To Do**

- Further develop Consumer Education Plan
  - Review other states' programs and best practices

- Quality Measures Dashboard Further Developed
  - Technology and Data Standards and HIEs to review
  - Incorporate feedback and seek approval

# State HIE Toolkit posted on NJHIT

- Privacy and Security framework
- HIE definition
- Policies and forms
- 1$^{st}$ 5 Use Cases Defined
- ONC Funding Info



State HIE Toolkit

# www.nj.gov/njhit
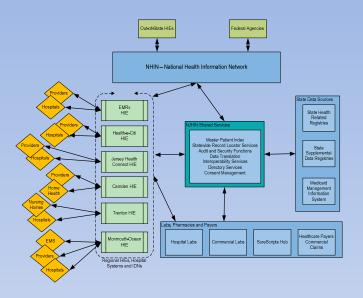
# NJ Health IT Mission Control

# Looking Ahead

# NJHIN Entity
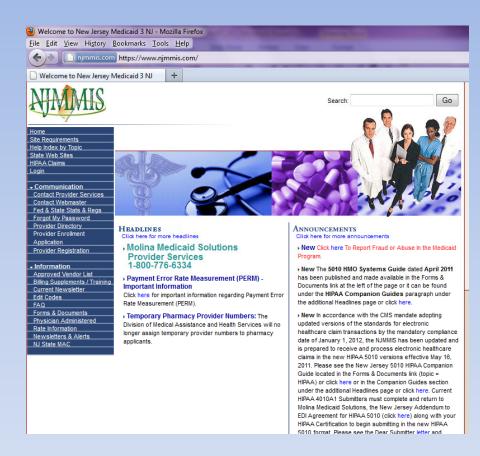
- 501(c)(3)
- Request For Information (RFI) Is Coming Soon

# NJ Medicaid EHR Incentives

- Registration, Payments Still Targeted for Fall 2011

- Will Use Existing NJMIIS Provider Portal

# NJ Medicaid's HIT Plan:

- Submitted SMHP and IAPD February 2011

- CMS responded w/20+ comments/questions in May 2011

- New SMHP to be submitted to CMS by June 15, 2011 for approval

- IAPD will be submitted in July 2011

- Approval anticipated in summer 2011

# Meaningful Use Criteria
# Public Health Services

- Immunizations Information Systems (IIS) – Providers and Hospitals
- Electronic Lab Reporting (ELR) - Hospitals
- Syndromic Surveillance – Hospitals (ER Only)
- Eligible entities should satisfy one of the three criteria

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# DHSS Readiness

- Technically ready to interface with the NJ Hospitals for all 3 systems

- 65% of hospitals already exchange data with the DHSS (88.5% are planned by the end of the year) in at least one criterion, thus achieved meaningful use

- ~230 providers are exchanging data with the NJIIS, thus achieved meaningful use

- Public Health Meaningful Use web site at DHSS will be available in June with FAQs



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of
HEALTH
and
SENIOR SERVICES

# Direct Project
## Secure Internet-based Direct Communications

**b.wells@direct.aclinic.org**

Direct Project specifies a simple, secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet.

**h.elthie@direct.ahospital.org**

- **Simple.** Connects healthcare stakeholders through universal addressing using simple push of information.

- **Secure.** Users can easily verify messages are complete and not tampered with in travel.

- **Scalable.** Enables Internet scale with no need for central network authority.

- **Standards-based**. Built on common Internet standards for secure e-mail communication.

# Direct can be used to enable a variety of use cases

| Exchange Mechanism | Use Case | Sequence of Direct Messages |
|---|---|---|
| One-way Directed Exchange | Simple Referral | • Provider → Provider: Clinical Summary |
| | Lab Results Report | • Lab → Provider: Lab Results Report |
| | Public Health Report from Labs | • Lab → ELR System: Reportable Lab Test Results |
| | Public Health Report from Providers | • Provider → IIS: Reportable Disease Diagnoses |
| Two-way Directed Exchange | Hospital Admit/Discharge | • Hospital → Primary Care: ADT Notification<br>• Primary Care → Hospital: Clinical Summary |
| | Immunization Request | • EHR → HISP/IIS: ADT Notification<br>• HISP/IIS → EHR: Updated Immunization |
| | Closed Loop Referral | • PCP → Specialist: CCD/CCR<br>• Specialist → PCP: Updated CCD/CCR |
| | Medical Home Update | • Medical Home → EHR: Longitudinal Record Update<br>• HIE → Medical Home: Gap in Care, Updated Record |

# Why Direct?

**When current methods of health information exchange are inadequate:**



**Communication of health information among providers and patients still mainly relies on mail or fax**

- Slow, inconvenient, expensive
- Health information and history is lost or hard to find in paper charts
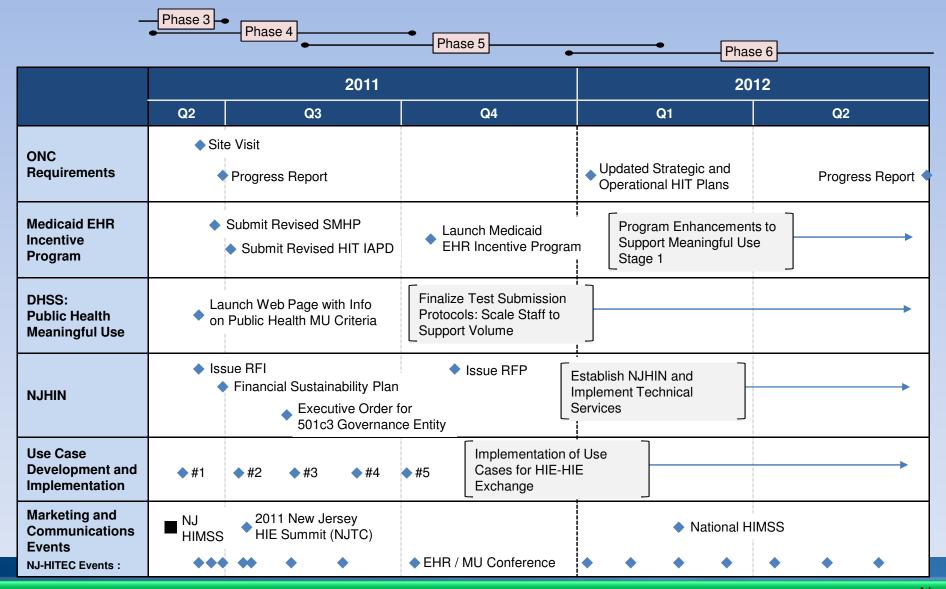
**Current forms of electronic communication may not be secure**

- Encryption features of off-the-shelf e-mail clients not often used in healthcare communications today

**Physicians need to transport and share clinical content electronically in order to satisfy Stage 1 Meaningful Use requirements.**
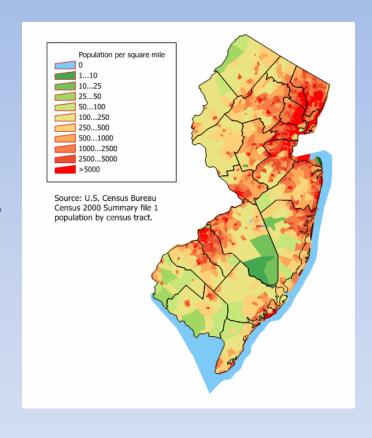
- Need to meet physicians where they are now
- Direct will be one of the communication methods in the Nationwide Health Information Network

# HIT Program Timeline 2011+

Phase 3 — Phase 4 — Phase 5 — Phase 6

| | 2011 | | | 2012 | |
|---|---|---|---|---|---|
| | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** |
| **ONC Requirements** | ◆ Site Visit | ◆ Progress Report | | ◆ Updated Strategic and Operational HIT Plans | Progress Report ◆ |
| **Medicaid EHR Incentive Program** | | ◆ Submit Revised SMHP<br>◆ Submit Revised HIT IAPD | ◆ Launch Medicaid EHR Incentive Program | Program Enhancements to Support Meaningful Use Stage 1 → | |
| **DHSS: Public Health Meaningful Use** | | ◆ Launch Web Page with Info on Public Health MU Criteria | Finalize Test Submission Protocols: Scale Staff to Support Volume → | | |
| **NJHIN** | ◆ Issue RFI<br>◆ Financial Sustainability Plan<br>◆ Executive Order for 501c3 Governance Entity | | ◆ Issue RFP | Establish NJHIN and Implement Technical Services → | |
| **Use Case Development and Implementation** | ◆ #1 | ◆ #2 ◆ #3 ◆ #4 | ◆ #5 | Implementation of Use Cases for HIE-HIE Exchange → | |
| **Marketing and Communications Events**<br><br>**NJ-HITEC Events :** | ■ NJ HIMSS<br><br>◆◆◆ ◆◆ ◆ | ◆ 2011 New Jersey HIE Summit (NJTC)<br><br>◆ | ◆ EHR / MU Conference | ◆ ◆ ◆ ◆ | ◆ National HIMSS<br><br>◆ ◆ ◆ ◆ |

# Communications to New Jerseyans

New Jersey Health IT
Moving Ahead in 2011+
Please give us your input!
http://www.nj.gov/njhit/